



FISCAL YEAR 2001
DEPARTMENT HEAD SIGNATURE AUTHORIZATION FORM
(To Be Used For New Departments or Department Head Changes)
OFFICE OF THE COMPTROLLER

[Instructions for completing this form are provided on the back of this page.]

PLEASE SUBMIT COMPLETED FORMS TO: The Office Of The Comptroller, C/O Signature Control Supervisor, One Ashburton Place, 9th Floor, Boston MA 02108

Budget Fiscal Year: _____¹ Department Name²: _____ Department Alpha Code²: _____

Department Contact Person³: _____ Telephone(Please include area code)³_() _____

The following individuals are authorized to sign the transactions specified on this form on behalf of the Department Head or Secretary:

DESIGNEE NAME ⁵	FUNCTIONAL TITLE ⁶	MMARS ORGN AUTHORITY ⁷	RANGE OF AUTHORITY ⁸	DESIGNEE ORIGINAL SIGNATURE ⁹

Signature by a department head or secretary below shall certify that the above notice of delegated signature authorization is in accordance with the powers granted to such department head or secretary by general or special law. Signatures authorizing a department's legal obligations, contracts, payments, payrolls and other fiscal transactions shall be interpreted as certification that the document upon which the signature appears, and any attachments, are accurate and complete and comply with all applicable general and special laws and regulations. Such delegation shall not relieve the department head or secretary from any obligations or responsibilities under general and special laws and regulations.

X _____
DEPARTMENT HEAD OR SECRETARY SIGNATURE¹⁰

DATE: _____¹¹

PRINT OR TYPE DEPARTMENT HEAD'S OR SECRETARY'S FULL NAME¹²



FISCAL YEAR 2001

DEPARTMENT HEAD SIGNATURE AUTHORIZATION CHANGE FORM

((To be used for additions, deletions, changes to Department Head Signature Authorization or Department Head Signature Authorization Certification Form)
OFFICE OF THE COMPTROLLER

[Instructions for completing this form are provided on the back of this page.]

PLEASE SUBMIT COMPLETED FORMS TO: Office Of The Comptroller, C/O Signature Control Supervisor, One Ashburton Place, 9th Floor, Boston MA 02108

Budget Fiscal Year¹: _____ Department Name²: _____ Department Alpha Code²: _____

Department Contact Person³: _____ Telephone(Please include area code)³: (____) _____

The following individuals are authorized to sign the transactions specified on this form on behalf of the Department Head or Secretary:

ACTION ⁴ (A,C,D)	DESIGNEE NAME ⁵	FUNCTIONAL TITLE ⁶	MMARS ORGN AUTHORITY ⁷	RANGE OF AUTHORITY ⁸	DESIGNEE ORIGINAL SIGNATURE ⁹

Signature by a department head or secretary below shall certify that the above notice of delegated signature authorization is in accordance with the powers granted to such department head or secretary by general or special law. Signatures authorizing a department's legal obligations, contracts, payments, payrolls and other fiscal transactions shall be interpreted as a certification that the document upon which the signature appears, and any attachments, are accurate and complete and comply with all applicable general and special laws and regulations. Such delegation shall not relieve the department head or secretary from any obligations or responsibilities under general and special laws and regulations.

X _____¹⁰
DEPARTMENT HEAD OR SECRETARY SIGNATURE

DATE: _____¹¹

PRINT OR TYPE DEPARTMENT HEAD'S OR SECRETARY'S FULL NAME¹²

**INSTRUCTIONS FOR COMPLETION OF THE
ANNUAL DEPARTMENT HEAD SIGNATURE AUTHORIZATION AND THE CHANGE FORM
[The Numbers Below Correspond To Sections Contained On Both Forms]**

1. **Budget Fiscal Year:** The state fiscal year that the signature authorization will be in effect. The submission of the Annual Signature Authorization is required prior to the beginning of each fiscal year,.
2. **Department Name:** The legal business name of the department or secretariat and the 3 character MMARS **Department Alpha Code** of the department or secretariat.
3. **Department Contact Person and Telephone** The name and telephone number (inclusive of area code) of the department or secretariat contact person to verify information and to direct any questions on Signature Authorization.
4. **Action:** This column is required for the CHANGE FORM only. The CHANGE FORM should contain one of the following actions: "A" (Add), "C" (Change); or "D" (Delete), for each individual listed.
5. **Designee Name:** Full legal name of authorized signature designee who is authorized to approve documents on behalf of the department head or the secretary.
6. **Functional Title:** Job Title of authorized signature designee which will be used when designee signs documents. When a secretariat delegation is made to a department head or individual of another department, this space should also indicate the department.
7. **MMARS ORGN (Organizational) Authority:** The four digit MMARS organizational code(s) for which the authorized person can authorize documents. Indicate "**ALL**" for any authorized signature designee who can authorize documents for all orgn codes within the department.
8. **Range of Authority:** Specify the fiscal and/or administrative scope and range of authority of the authorized signature designee. For example, delegation of secretariat signoff of Consultant Contracts in the "HH" and "NN" subsidiaries; specific payments; dollar limits (only payments \$50,000 or less); pre-encumbrances and encumbrances; payroll; etc.
9. **Designee Original Signature :** Full legal signature of authorized signature designee *as it will appear* on approved documents. Signatures must be in ink (preferably blue). Signature stamps and initials are **NOT** acceptable. Signatures approving a department's legal obligations, contracts, payments, payrolls and other fiscal transactions shall be interpreted as a certification that the document upon which the signature appears, and any attachments, are accurate and complete and comply with all applicable general and special laws and regulations.
10. **Department Head or Secretary Original Signature:** Full legal signature of Department Head or Secretary authorizing named designees to sign on the Department Head's or Secretary's behalf. Signature must be in ink (preferably blue). Signature stamps and initials are **NOT** acceptable.
11. **Date:** The effective date of the Department Head's or Secretary's delegation of signature authority for the individuals listed. All signatures **MUST BE LIVE DATED**. The effective date of delegation for undated forms will be the date of receipt by the Office of the Comptroller. This delegation shall terminate on June 30th of each fiscal year.
12. **Full Name of Department Head:** Typed or printed name of Department Head or Secretary submitting delegation of signature authorization.

The following are the financial and other transactions that will be included if the Secretary or Department Head indicates "ALL" in the "Range of Authority" Column:

Pre-encumbrances and Encumbrances: CC, CM, IE, LO, PD, PG, PO, SC, SM, SP, SR; **Payments:** CB, EA, ER, IV, PV, RA; **Budgetary:** AA, AC, AL, AR, CD, CT, EB, EX, RF, TA, TS;
Payroll: HRCMS, HRMIS, and PCRS related transactions and forms; **Contract Forms:** Standard Contract Form, Standard Contract Amendment Form, Appendix G-Request for Approval of
"Openorder" Encumbrance, Interdepartmental Service Agreements, Real Property Leases and related forms, **Other:** VU, TAF, TAF1, ASTA, Advance Justification, Master Service
AgreementTableUpdateForm